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7590

12/30/2004

JEFFERY D. BRACH ET AL
 900 Fifth Third Center
 111 Lyon Street, N.W.
 Grand Rapids, MI 49503-2487

02/15/2005 FMEK12 00000106 10729291

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP

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J. Ray Wood	(Depositor's name)
	(Signature)
02-11-2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/729,291	12/05/2003	Jeffery D. Brach	13338.83550-001	1595

TITLE OF INVENTION: DIE OVEN AND METHOD OF OPERATING A DIE OVEN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PELHAM, JOSEPH MOORE	3742	219-413000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Warner Norcross & Judd LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Granco Clark, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Belding, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23 0457 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date: 02-11-2005

Typed or printed name

Registration No. 36,062

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